

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN1914	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - STATE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED  10/23/2012
NAME OF PROVIDER OR SUPPLIER  LAKESHORE HEARTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 3025 FERNBROOK LANE NASHVILLE, TN 37214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the physical condition of the overall nursing home environment.</p> <p>The findings included:</p> <p>On 10/22/12 at 9:45 PM, observation within the dietary storage area revealed a five-inch by five-inch (5" x 5") cut-out in the interior finished sheet rock of the exterior wall.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 10/22/12.</p>	N 831	<ol style="list-style-type: none"> <li>On 10/23/12, the 5" X 5" cutout in the interior wall located in the dietary storage closet was patched/sealed by painting contractors.</li> <li>On 10/23/12, all storage closets and interior walls were inspected by the Maintenance Assistant and Director of Environmental Services with no other deficiencies found.</li> <li>All storage closets and interior walls will be inspected monthly by the Maintenance Assistant to ensure compliance.</li> <li>The monthly inspections by the Maintenance Assistant will be audited by the Environmental Services Director until no problems are found with the inspections for 3 consecutive months.</li> </ol>	11/16/2012	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6300

LU9021

TITLE  
Administrator(X6) DATE  
11/08/12

If continuation sheet 1 of 1